

PIEDMONT INSURANCE COMPANY, IN LIQUIDATION

CREDITOR PROOF OF CLAIM

DEADLINE FOR FILING OF THIS PROOF OF CLAIM IS MONDAY, JUNE 30, 2003
READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM
YOU MUST FILE A SEPARATE PROOF OF CLAIM FORM FOR EACH CLAIM

CLAIMANT'S NAME AND ADDRESS (Person Filing Claim)

	Name	
	Street Address	
	City, State, Zip Code	

**ALL DOCUMENTATION TO SUPPORT YOUR CLAIM MUST BE ATTACHED
TO THE PROOF OF CLAIM IN ORDER FOR IT TO BE CONSIDERED**

CLAIMANTS (Other than Policyholders)

- ☐ Claim is made against a policyholder/insured of the above-named company. Please provide sufficient information for the claim to be evaluated both as to fault and amount of damages claimed.
- ☐ Claim is made by an attorney for unpaid legal expense.
- ☐ Claim is made by an agent or broker.
- ☐ Claim is made by a general creditor for unpaid invoices.
- ☐ All Other Claimants (On a separate sheet, describe nature of claim and the consideration given for it.)

TOTAL AMOUNT OF CLAIM _____

If the amount of the claim is unknown, insert the words "Unstated Amount." You may amend the amount of your claim until the final date of adjudication or court-established bar date to do so.

No part of this debt has been paid, except _____

There are no setoffs or counterclaims to this debt, except _____

There is no security for the debt, except _____

STATUS OF CLAIM

- ☐ Claim is based on court judgment or settlement (attach order or agreement)
- ☐ Claim is currently pending in court (provide details and documentation)
- ☐ Other insurance is available to cover this claim (provide details of other insurance policies)

COMPLETE THIS SECTION FOR ADDRESS CHANGE ONLY	NAME AND ADDRESS OF YOUR ATTORNEY (IF ANY)
Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
	Telephone

The undersigned subscribes and affirms as true under the penalties of perjury as follows: that he/she has read the foregoing Proof of Claim and knows the contents thereof; that this claim is justly owing to the claimant and that there is no setoff, counterclaim, or defense to the claim thereto except as above stated; that the matters set forth above and in any accompanying documents are true to the best of his/her knowledge and belief; that no payment of or on account of the aforesaid claim has been made to you except as above-stated.

Claimant Home Telephone (____) _____

Claimant Work Telephone (____) _____

Print or Type Name of Complainant, Partner, Officer, Legal Representative

Social Security Number or FEIN of Claimant

Signature of Individual, Partner, Officer, or Legal Representative

SEE INSTRUCTIONS ON THE REVERSE SIDE FOR MAILING AND OTHER INSTRUCTIONS
RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS